



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE

**AUCTIONEER COMMISSION**

DAVY CROCKETT TOWER 6<sup>th</sup> Floor  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1152  
Phone: (615) 741-3600  
Fax: (615) 741-1245

[www.state.tn.us/commerce/boards/auction](http://www.state.tn.us/commerce/boards/auction)

**(Questions 1 through 6 must be answered or application will be returned.)**  
**APPLICATION FOR GALLERY BRANCH OFFICE LICENSE**

This application to be used only by a licensed Gallery owner who desires to maintain a branch office in addition to his principal place of business

1. **Branch Name** \_\_\_\_\_  
(must be same as Principal Gallery)
2. **Mailing** address of Branch \_\_\_\_\_  
(Street & Number) (City) (State) (Zip Code)
3. **Physical** address \_\_\_\_\_  
(Street & Number) (City) (State) (Zip Code) (County)
4. Telephone numbers Phone# \_\_\_\_\_ Fax# \_\_\_\_\_ E-Mail \_\_\_\_\_
5. Owner Name of Gallery Branch Office \_\_\_\_\_
6. License number of principal gallery \_\_\_\_\_ Telephone Number \_\_\_\_\_

**AFFIDAVIT FOR GALLERY BRANCH APPLICANT**

The undersigned by submitting this application to the Tennessee Auctioneer Commission for a license to carry on the business under the provisions of the Auctioneer's License Act of 1967, as amended, swears (or affirms) that he or she has read and is thoroughly familiar with the provisions of the aforementioned Act, and agrees to fully comply. The undersigned further swears (or affirms) that all of the information given in this application is true to the best of his/her knowledge and belief.

Signature: Owner(s) of Business \_\_\_\_\_

Print Name(s) \_\_\_\_\_

{If Corporate Owner (s), indicate title (s)} \_\_\_\_\_

Subscribed and sworn to before me the \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

My Commission expires \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month Day Year

**(SEAL)**

Notary Public \_\_\_\_\_

(County) \_\_\_\_\_

(State) \_\_\_\_\_

IN-0412 (Rev.6/04)

**SEAL IS MANDATORY**